

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD -50075 Small PHA) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHAName: LivingstonCountyHousingAuthority

PHANumber: IL094

PHAFiscalYearBeginning:(mm/yyyy) 10/01/2003

PHA Plan Contact Information:

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Email (if available): dwitsman@lchauth.org

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

AnnualPHAPlan
FiscalYear2003
[24CFRPart903.7]

i.TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,an dalistofsupportingdocumentsavailableforpublic inspection. ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providetheattachment's name(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Ifth eattachmentisprovidedasa **SEPARATE**file submissionfromthePHAPlansfile,providethefilenameinparenthesesinthespacetothe rightofthetitle.

Contents	<u>Page#</u>
AnnualPlan	
i. ExecutiveSummary(optional)	1
ii. AnnualPlanInfor mation	2
iii. TableofContents	1
1. DescriptionofPolicyandProgramChangesfortheUpcomingFiscalYear	2
2. CapitalImprovementNeeds	2
3. DemolitionandDisposition	2
4. Homeownership:VoucherHomeownership Program	3
5. CrimeandSafety:PHDEPPlan	n/a
6. OtherInformation:	
A. ResidentAdvisoryBoardConsultationProcess	5
B. StatementofConsistencywithConsolidatedPlan	7
C. CriteriaforSubstantialDeviationsandSignificantA mendments	8
Attachments	
X AttachmentA:SupportingDocumentsAvailableforReview11	
X AttachmentB:CapitalFundProgramAnnualStatement20	
X AttachmentC:CapitalFundProgram5Y earActionPlan28	
X AttachmentD:CapitalFundProgramReplacementHousingFactorAnnual Statement	
<input type="checkbox"/> Attachment__:PublicHousingDrugEliminationProgram (PHDEP)Plan	n/a
X AttachmentE:ResidentMembershiponPHABoardorGoverningBody32	
X AttachmentF:MembershipofResidentAdvisoryBoardorBoards33	
<input type="checkbox"/> AttachmentF:CommentsofResidentAdvisoryBoardorB oards& ExplanationofPHAResponse(mustbeattachedifnotincludedinPHAPlan text)	33
X Other(Listbelow,providingeachattachmentname)	
AttachmentG –ActionPlanforPHASResident Survey	34
AttachmentH –FY2001ProgressReport	35
AttachmentI –FY2002ProgressReport	35
AttachmentJ –VoluntaryConversionInitialAssessment	36

ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAAoption,provideabriefoverviewoftheinformationintheAnnualPlan

- None

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinalastyear'sPHAPlanthatare notcoveredinothersectionsof thisUpdate.

NONE

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A.XYes ☐ No:Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B.What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$466,682.00 CFP funds plus \$22,472. in Replacement Housing Funds

C. XYes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D.Capital Fund Program Grant Submissions

(1)CapitalFundProgram5 -YearActionPlan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C&D

(2)CapitalFundProgramAnnualStatement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D emolitionandDispos ition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. ☐ Yes XNo: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2.Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

ExemptionsSection8OnlyPHAsmay skiptothenextcomponentPHAseligibleforPHDEPFundsmustprovideaPHDEP
Planmeetingspecifiedrequirementspriortoreceipt ofPHDEPFunds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFRPart903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment (Filename)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments. All of these changes is included
- ☐ Yes ☐ No: below or
- ☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan Agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan Agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☐ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or in inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Livingston County Housing Authority's actions and goals will continue to support the consolidated plan of the State of Illinois.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

The LCHA reserves the right to full fungibility in the accomplishment of its goals and objectives in the capital improvement plan. Funds from one year's plan may be utilized to accomplish any work items scheduled during the five-year plan and shall not be considered a substantial deviation. Emergency work items shall take precedence over scheduled work items and shall not be considered a substantial deviation. Any excess funds remaining after completion of the scheduled work items for the annual plan year, may be utilized for future year's planned work items or transferred into the operations account. Capital Funds originally designated for Operations may be utilized to supplement any other approved work item in order to accomplish the goals in the plan. Capital Funds may be transferred into Operations at any time to prevent the LCHA from being designated as financially troubled. This shall not be considered a substantial deviation.

B. Significant Amendment or Modification to the Annual Plan:

A change to rent or admissions policies, additions of non-emergency items other than transfers to operations, not included in the current Annual Statement or 5-Year Action Plan, and change with regard to demolition, or disposition, designation, home ownership programs or conversion activities shall be considered a significant amendment or modification.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements, such changes will not be considered significant amendments.

Additional Component Added After Template Development:

Component 3.(6) Deconcentration and Income Mixing

a. Yes ☒ No ☐ Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. Yes ☐ No ☒ Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

Attachment A
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENTB

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName: LivingstonCountyHousingAuthority(IL094)		GrantTypean dNumber CapitalFundProgramCapitalFundProgramIL06P09450101 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input checked="" type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$107,038.32		\$107,038.32	\$107,038.32
3	1408ManagementImprovements	\$9,446.68		\$9,446.68	\$9,446. 68
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	\$32,100.		\$32,100.	\$32,100.
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$318,097.		\$318,097.	\$318,097.
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498Mod UsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$466,682.		\$466,682.	\$466,682.
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountof line20RelatedtoSecurity				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Livingston County Housing Authority (IL094)		Grant Type and Number Capital Fund Program Capital Fund Program IL06P09450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: LivingstonCountyHousingAuthority(IL094)		GrantTypeandNumber CapitalFundProgram#:IL06P09450101 ReplacementHousingFactor#:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Livingston County Housing Authority (IL094)		Grant Type and Number Capital Fund Program Capital Fund Program #: I L06P09450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) 1 <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	\$43,777.			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$88,875.			
10	1460 Dwelling Structures	\$215,000.			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$45,000.			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$432,652.			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Livingston County Housing Authority (IL094)		Grant Type and Number Capital Fund Program Capital Fund Program #: I L06P09450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) 1 <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

PHAName: Livingston County Housing Authority (IL094)		Grant Type and Number Capital Fund Program #: IL06P09450102 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	9/2004			9/2006			
HA-Wide	9/2004			9/2006			
HA-Wide	9/2004			9/2006			
IL094-7	9/2004			9/2006			
IL094-1	9/2004			9/2006			
IL094-1	9/2004			9/2006			
IL094-1	9/2004			9/2006			
IL094-5	9/2004			9/2006			
IL094-6	9/2004			9/2006			

ATTACHMENTC

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFac tor(CFP/CFPRHF)Part1:Summary					
PHAName: LivingstonCountyHousingAuthority(IL094)		GrantTypeandNumber CapitalFundProgramCapitalFundProgramEstimated ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2003
<input checked="" type="checkbox"/> X OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReport forPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Oper ations	\$31,682.			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	\$40,000.			
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$395,000.			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCost s				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$466,682.			
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountof line20RelatedtoSecurity				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Livingston County Housing Authority (IL094)		Grant Type and Number Capital Fund Program Capital Fund Program Estimated Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFP RHF)

Part II: Supporting Pages

PHAName: LivingstonCountyHousingAuthority(IL094)		GrantTypeandNumber CapitalFundProgram#:Estimated ReplacementHousingFactor#:				FederalFYofGrant: 2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	\$31,682.					
IL094-2	A&EFees	1430	\$40,000.					
IL094-2	ReplaceKitchenCabinets,Countertops &Rangehoods;Replacebathtubs; replaceinteriordoors,jambs,trim& hardware;Replacebathroomvanities, sinks,medicinecabinets& Hardware; Replacesmokedetectors;Refinish InteriorWalls	1460	\$395,000.					

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL094-2	Meadowview Court	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Floor Tile & Cove Base	150,000	2004
Replace Sidewalks & Stoops	30,000.	2005
Total estimated cost over next 5 years		180,000.

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL094	HA-Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace furnaces at public housing sites	\$140,000.	2005
A&E Fees	\$45,000.	2005
Operations (Yettobebudgeted)	\$8,382.	2004
Operations (Yettobebudgeted)	\$166,682.	2005
Operations (Yettobebudgeted)	\$46,682.	2006
Replace roofs at all PH Sites	\$325,000.	2006
A&E Fees	\$45,000.	2006
Reseal Parking Lots at all PH sites	\$30,000.	2007
Operations (Yettobebudgeted)	\$11,682.	2007
Totalestimatedcostovertnext5years	\$818,428.	

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL094-1	Livingston Apartments	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Boilers	35,000.	2005
Replace Waterlines	350,000.	2007
Replace Pump Motors	15,000.	2006
Refinish Bathtubs/Shower	35,000.	2006
Replace Lobby & Public Area Furniture	30,000.	2007
Total estimated cost over next 5 years		465,000.

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information if information is included in the Capital Fund Program Annual Statement.

-wide physical or management improvements
on from Year One of the 5 - Year cycle, because this

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL094-6	Chatsworth	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Kitchen cabinets, countertops, range hoods	\$115,000.	2004
Replace Tile/Cove Base	\$121,500.	2004
Replace Bathroom vanities, sinks, medicine cabinets	\$26,800.	2004
A & E Fees	\$45,000.	2004
Resurface Parking Lot	\$50,000.	2005
Total estimated cost over next 5 years		\$358,300.

CapitalFundProgram5 -YearActionPlan

Completeon etableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA-widephysicalormanagementimprovements plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsne ednotincludinformationfromYearOneofthe5 -Yearcycle,becausethis informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan		
X Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
IL094	AdminOffice	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
ReplaceComputers	\$35,0 00.	2007
ReplaceFaxMachine&Copiers	\$10,000.	2007
Total	\$45,000.	

ATTACHMENTD

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:LivingstonCountyHousingAu		thority(IL094)			FederalFYofGrant: 2000
GrantTypeandNumber		CapitalFundProgramCapitalFundProgram			
ReplacementHousingFactorGrantNo:IL06R09450100					
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluati onReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475Nondwell ingEquipment				
14	1485Demolition				
15	1490ReplacementReserve	22,472.			
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumof lines2 -19)				
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Livingston County Housing Authority (IL094)		Grant Type and Number Capital Fund Program Capital Fund Program Replacement Housing Factor Grant No: IL06R094 50101			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	22,934.			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: Livingston County Housing Authority (IL094)	Grant Type and Number Capital Fund Program Replacement Housing Factor Grant No: IL06R09450102	Federal FY of Grant: 2002
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<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	21,261.			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Replacement Housing Funds Plan

Funding received FY's 2000 – 2004

**Livingston County Housing Authority (IL 094)
903 W. North Street
Pontiac, IL 61764**

Description:

The Livingston County Housing Authority (LCHA) plans to acquire by purchase one single family dwelling with or without rehabilitation.

Schedule:

LCHA plans to submit a development proposal to the HUD field office no later than July, 2004. Within 90 days of the execution of the ACC for RHF funds for FY 2004, LCHA will engage the services of a realtor to assist in the search, selection and acquisition of an appropriate unit.

Amount and Sources of Funding:

LCHA anticipates receipt of RHF funds in the following increments.

FY 2000 -\$22,472.

FY 2001 -\$22,934

FY 2002 -\$21,261.

FY 2003 -\$21,261.

FY 2004 -\$21,261.

Total anticipated RHF Funds: \$109,189

Plan and Obligation/Expenditure Status:

LCHA will include the above RHF plan in its subsequent annual plans beginning with the FY 2003 annual plan due to HUD in July, 2003. RHF funds will be obligated within two years of receipt of the FY 2004 RHF increment and expended within four years of same.

Respectfully Submitted,
DiAnne Witsman
Executive Director
May 22, 2003

Required Attachment E Resident Member on the PHA Governing Board

1. X Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:
Kelly Burns

B. How was the resident board member selected: (select one)?

☐ Elected
X Appointed

C. The term of appointment is (include the date term expires): 2003 - 2008

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of a governing board member: 05/2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Livingston County Board

Required Attachment F: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Dorothy Kiser
Andrea Cohen
Melody Rexroad
Richard Grove
Dixie Griswold

RESIDENT ADVISORY BOARD CONSULTATION PROCESS:

A meeting was held with the resident advisory board to review the FY2003 Annual Plan. The advisory board was given an opportunity to offer comments and suggestions. There were no comments or suggestions received.

**ATTACHMENT G
ACTION PLAN FOR PHAS RESIDENT SURVEY**

**Livingston County Housing Authority (IL094)
Pontiac, IL 61764**

Survey Section: Safety

We are addressing the concerns of four residents in the following ways:

- 1. Instituting a Neighborhood Watch Program at all of our Public Housing Sites**
- 2. Reviewing the outdoor lighting at 94 -1 and will take required action to provide appropriate lighting.**
- 3. Encouraging our Resident Police Officers to be more visible and available to our residents.**
- 4. Continue to forge a cooperative and productive relationship with our local law enforcement agencies and involving them in safety programs for our residents.**

ATTACHMENT H&I

FY2001 AND 2002 PROGRESS REPORTS:

**Please refer to Attachment B for progress reports on Capital Fund Programs
2001 and 2002.**

ATTACHMENT J
VOLUNTARY CONVERSION INITIAL ASSESSMENTS

- a. How many of the PHA's developments are subject to the Required Initial Assessment? Six (6)
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? None
- c. How many Assessments were conducted for the PHA's covered developments? One
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None
- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

VOLUNTARY CONVERSION INITIAL ASSESSMENTS

1. Will conversion adversely affect the affordable housing in the community? (If NO skip questions #2 & #3)
NO
2. Will conversion principally benefit the residents of the public housing development to be converted and the community? (If NO, skip question #3)
3. Will conversion be more expensive than continuing to operate the development (of portion of it) as public housing?

Per the final rule on Voluntary Conversions of Development from Public Housing Stock, The Livingston County Housing Authority has done the required initial assessment per the questions above. Based upon our assessment of the local market, we feel that such a conversion would adversely affect the affordable housing in the jurisdiction of the authority. The Livingston County Housing Authority specifically reserves the right to reexamine the conversion at any time in the future.